



Understanding the Nervous System and Regulation

Learning Objectives:

1. Explain the link between nervous system states and the symptoms that show up in the playroom
2. Describe the importance of regulation in the playroom
3. Demonstrate how the therapist can become the external regulator so that the child can begin to learn how to regulate
4. Explain what regulation is and isn't according to Synergetic Play Therapy

The Brain: See Handout.

Read Chapter 3 (Understanding the Nervous System) from Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity to further understand the brain and the nervous system

Parts of the Brain

Brain Stem/Reptilian Brain

- It is the only part of the brain that is considered to be fully “wired” at birth.
- The Brain Stem is responsible for your freeze, flight, fight, collapse responses; as well as autonomic functioning including arousal levels, sleep cycles, and breathing patterns.
- Every second our brain processes 400 Billion Bits of Sensory Data (Joe Dispenza), and we are only aware of less than 1%, which means that much of what occurs in the playroom is below our conscious awareness.

Diencephalon

- Referred to as the relay station helping the sensory data move to higher levels of the brain.
- Olfactory data bypasses the diencephalon.

Limbic/Amygdala/Hippocampus

- Limbic brain develops between ages 0-5.
- One of the roles of the amygdala is to determine whether there's a threat or challenge associated with any of the sensory data coming in.
- The amygdala assumes “guilty until proven innocent”
- The Hippocampus is known as the “Master Puzzle Maker” (in conjunction with the pre-frontal cortex) in the brain helping make meaning out of the data and helping determine the accuracy of the amygdala's assessment.

Four Threats/Challenges of the Brain: (Lisa Dion)

- 1.
- 2.
- 3.
- 4.

Notes:

Prefrontal Cortex

- This part of the brain is responsible for abstract thinking, executive functioning, future planning, and decision making.
- Developed by 25 years old.

Understanding the Nervous System (see handout)

- Your autonomic nervous system (ANS) has two branches; a sympathetic branch to rev you up and a parasympathetic branch to slow you down.
- All activation of the ANS is based on perception; all trauma is also a matter of perception as there is no such thing as a universal trauma.
- Excerpt from Lisa's book *Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity*"

"It can be useful to conceptualize the activation of the autonomic nervous system as occurring in stages based on the degree of challenge in our perception. We begin in a freeze response as we orient to the potential threat. The freeze response in the sympathetic nervous system is short-lived, as its primary goal is to help us turn toward the data, pause, and gather more information to make a decision about what to do next. The second and third stages continue with sympathetic activation, allowing us to move into a fight or flight response. Initially we will attempt to flee, but if we can't, we will engage our fight response. If we are not able to flee or fight, we can move into dual autonomic activation, with both sympathetic and dorsal activation. This is a bit like having one foot on the accelerator and one foot on the brake. We can't figure out what to do, but we haven't quite collapsed yet. It is at this point that some dissociation can start to occur. If there is still no resolution to the threat or challenge, we will move into the next phase, which is the collapse response of the dorsal parasympathetic branch. It is at this point that we perceive that we can't do anything about the situation. Our system will start to shut down, and our movements will become slower. Our heart rate and blood pressure will drop, and if it happens quickly, we can faint (Schwartz & Maiburger, 2018; Elbert & Schauer, 2010).

- You will feel the child's nervous system dys-regulation in the Set Up!

Notes:

Regulation/External Regulator:

What is Regulation?

- Regulation means "mindfully connected". It does NOT mean calm.
- It is a myth that you can always be regulated or even attain a state of consistent regulation. Both dys-regulation and regulation are needed for growth.

- Regulation also means being ventrally activated. The goal in the playroom is to develop the ability to activate the ventral parasympathetic system while simultaneously feeling the dys-regulation of the activated sympathetic and dorsal parasympathetic states.
- In order to become the external regulator, the therapist must develop the capacity for “dual attention”, which is the capacity to have **“one foot in and one foot out”- feel the dys-regulation, but not get lost in it**. This is the key to attunement and not flooding (therapist or the child).

“Rocking the Baby” in the Playroom

1. As the child is playing and activation occurs (through the set up/offering), the therapist feels the set up in their own nervous system and allows it to come into conscious awareness.
2. The therapist then activates their ventral state (e.g., breathe, movement, a congruent/authentic response). The therapist is “poised” in the dysregulation (“one foot in, one foot out”).
3. As the attuned therapist regulates, the child borrows the therapist’s regulatory capacity. The child is supported in staying in their window of tolerance.
4. In the context of this safe environment, the child moves toward the intensity and perceived challenges in order to integrate into their emotional life.

*We are developing our capacity to be an external regulator

Read Chapter 5 (Developing Yourself as an External Regulator) and Chapter 6 (The Basics of Regulating) from Aggression in Play Therapy: A Neurobiological Approach to Integrating Intensity to further understand regulation and becoming the external regulator.

Notes:

Attunement between the Therapist and Child:

- All of the brain research shows us that the healing agent in all therapies is the level of attunement between the therapist and the child, not the metaphor or symbolism of the toys (although these are helpful tools to create attunement in the therapeutic process).
- We are not thinking our way through the dysregulation, we are feeling our way through it. We are constantly modulating in the intensity.
- Exaggeration of an experience is not attunement.
- *Allan Shore (2009) says that we use the relationship to allow our patients “to re-experience dysregulating affects in affectively tolerable doses in the context of a safe environment, so that overwhelming traumatic feelings (freeze, fight, flight, collapse) can be regulated and integrated into the patient’s emotional life” We are constantly working with our clients window of tolerance to expand their ability to hold strong emotions of all kinds.*

Flooding:

Read Chapter 10 (It is Too Intense: Working with Emotional Flooding) and Chapter 9 (Setting Boundaries) from Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity to understand flooding in more detail

- Emotional flooding happens in every play therapy model because emotional flooding is part of relationship.
- When the child is flooded or moving towards flooding, the only task is to create a neuroception of safety!
- If flooding happens for the therapist or the child, repair offers healing and integration for both the therapist and the child.
- Boundaries are IMPORTANT! Reminder that boundaries are set to help therapists not go outside of their window of tolerance, so that they can continue to regulate the child. Acknowledge and Redirect!

Notes:

Tips to help the therapist from flooding:

1. Get out of tunnel vision by pausing throughout the play and looking around the room. Orient yourself to the time and space.
2. Remind yourself that what you are experiencing is occurring in a play therapy session—help yourself feel the play while simultaneously knowing it is just play.
3. Tell yourself “One foot in, one foot out.”
4. Use your breath and movement to ground yourself.
5. Name your experience out loud to help calm your amygdala.
6. Make sure you are using observational statements throughout your sessions to track the play and help your rational brain stay engaged.
7. Set boundaries! Acknowledge and redirect when you start to feel that the play is going outside of your window of tolerance.

To Work On:

1. Get curious about the different states of dysregulation that I am experiencing in the playroom.
2. Get curious about how I want to model regulation in the playroom.
3. Give myself permission to be a little more authentic in the playroom.
4. Don't forget to make observational statements! It isn't all about me and my experience.

Quiz Review: (True or False)

1. Dysregulating affects are the thoughts, feelings, and sensations in the body that have not been integrated.
2. Tolerable means making it comfortable for the child.
3. Integration requires moving towards what is perceived as uncomfortable.
4. The hippocampus assesses for threats.
5. The “unknown” itself is not the threat.

6. Therapist authenticity is important for creating a neuroception of safety for the child.
7. The number one thing that will get in the way in the playroom is your belief about what you should do in the playroom.
8. Perception determines what response is activated within the nervous system.
9. Freeze response is associated with parasympathetic arousal.
10. Dysregulation means dysfunction.
11. When your sympathetic/ hyper-aroused branch is activated, you will feel aggression and tension in your body, energy in your arms and legs, energy around your mouth, and you may even begin to overwhelm others.
12. When your dorsal vagal parasympathetic branch is activated, you will move into a collapse response and the energy will leave your extremities. You may experience numbing, a challenge to feel significant events, depression, sleepiness and possibly dissociation.
13. Regulation means calm.
14. Dysregulation can be thought of as the growth phase and regulation can be thought of as the rest phase.
15. Being in relationship with children and others is mostly about navigating mis-attunement.
16. When we allow ourselves to be curious about “The Set Up” or “The Offering”, it helps us respond from a place of understanding instead of react or take it personally.
17. When a child’s nervous system gets activated in a dysregulated way, the therapist will not feel it in their nervous system.
18. In the playroom, the therapist offers a template to the child to be able to learn how to regulate in the dysregulation.
19. In Synergetic Play Therapy, we acknowledge the shifts and changes that occur in our bodies.
20. Therapists use breathe, movement, have a congruent/authentic response, etc. to activate their ventral vagal response.
21. The goal of regulation is to move the child out of the dysregulated states of the nervous system.
22. As therapists, we are developing our capacity to become an external regulator.
23. It is possible to completely avoid emotional flooding in the playroom.
24. Attunement requires a relationship with our body.
25. We want to enhance our capacity and the capacity of the child to engage in reflective awareness.